

Project Application

Schedule a meeting with your project coordinator before submitting your application.

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Case Type:	☐ General Plan Amendment ☐ Use Permit ☐ Land Division ☐ Text Amendment	□ Dev	zoning relopment Review riance ner:	☐ Preliminary Plat Review ☐ Master Sign Program ☐ Abandonment		
Project Name: Associated Case(s):						
Project Address	S:					
Current Zoning District: Pa		Parcel N	Parcel Number(s):		Quarter Section:	
Request:						
The property owner shall designate an agent as the coordinator for the project. This person (the applicant) shall attend pre-application conferences and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. All contact for this project will be made through the applicant listed below.						
Owner Contact	:		Developer Contact:			
Company:			Company:			
Phone:	Fax:		Phone:	F	Fax:	
E-mail:			E-mail:			
Address:			Address:			
Architect Contact:			Engineer Contact:			
Company:			Company:			
Phone:	Fax:		Phone:		Fax:	
E-mail:			E-mail:			
Address:			Address:			
Applicant Cont	act:		Company:			
E-mail:					Fax:	
Address:						
Owner Signatu	ire Date		Applicant Signature)	Date	
OFFICIAL USE ONLY						
Coordinator Signature: E-mail:			@Sc	@ScottsdaleAZ.gov Phone: 480-312-		
This application needs a: □ New Project Number or □ Old Project Number:					Date:	
Planning and Development Services Department 7447 E Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088						